

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** TROYS ADULT FAMILY HOME (0008515)  
**Address:** 649 NORTH EAU CLAIRE STREET, MONDOVI, WI 54755  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/11/1999  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0096184      **End Date:** 01/12/2006      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094630      **End Date:** 04/20/2005      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0091146      **End Date:** 09/19/2003      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

| Complaint History |
|-------------------|
|-------------------|

**Date Complaint Received: 11/01/2005**

**Date Investigation Completed: 01/11/2006**

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

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